Town of Ware Shoals

P.O. BOX 510 WARE SHOALS, SOUTH CAROLINA 29692 TELEPHONE 864 / 456-7478 FAX 864 / 456-7528

Amphitheater Rental Application

Please print:			
Date of Application:			
Applicant's name (must be a person	on):		
Organization:			
Business Phone Number:	Busines	ss Fax:	
Mailing address:		7: 0.1	
		Zip Code:	
Email address:			
Name of proposed event:			
Rental Date (s) requested: Is this organization a non-profit w			—
(If yes please attach a copy of the			
(if yes piease attach a copy of the	301 (C) (3) status to the 6	application)	
Events with profanity, nudity, a	dult themes and/or cont	tent are not permitted	
F . 1 A 1			
Expected Attendance:			
Audience age range:			_
Event Proposal (Describe in			
detail):			
detail).			

Phone number		Fax Number			
Address	C	ity	State	Zip Code	
Organization or business nar	me				
Name (Full legal name requi	red)		Title		
Renter Signature:		Date:			
I understand that this applica guaranteed until written contagreement is received and th	firmation from the	Town of W	are Shoals in the f	orm of a rental	
Please list all sub-contractors Ware Shoals Amphitheater p	-		_	ess on Town of	
Will catering services be pro		Yes	No	_	
Yes No Please attach if so.					
If yes, have you filed for an the South Carolina Departme		ecial event b	eer, wine, and/or l	liquor sales through	
Are you requesting to sell ale Have you reviewed the state requirements including Resp Yes No	of South Carolina		Beverage Control of	lispensing	
Are you using grass seating only?		Yes	No No		
Will an admission fee be charged?		Yes	No		
Will the event be open to the public:		Yes	No		
Events tear down /load out	Date:	from: _	to: _		
Event gates open:					
Event sound check:	Date:	from: _	to:		
Event set up/load in:	Date:				